

General Formulary Of Approved Therapeutic Pharmaceutical Agents For TPA Certified Optometrists

The following edition of the **TPA Certified Optometrist Formulary** was approved by the **Joint Pharmaceutical Formulary and Credentialing Committee** in **November 2006**.

Please note that **only a TPA certified optometrist** is authorized to write prescriptions and/or to dispense samples. A current list of TPA certified optometrists is available from the **Board of Optometry (271-1203)**.

All **certified** optometrists are authorized to write, and pharmacists are authorized to fill, prescriptions for drugs listed in the Formulary below, provided however, that such drugs are for the **exclusive diagnosis or treatment of disease or conditions of the human eye, adnexa or eyelids**.

No optometrist is authorized to possess, administer, prescribe or dispense controlled substances in Schedules I or II. Certified optometrists who wish to write prescriptions for controlled substances in Schedules III, IV or V must first obtain a DEA permit.

A **certified** optometrist may **dispense** a formulary-listed pharmaceutical agent to a patient **if no charge** is imposed for the drug(s), i.e. samples, and the amount dispensed **does not exceed a 24 hour supply, except** that if the **minimum available quantity** for dispensing is greater than a 24-hour supply, the optometrist may dispense the minimum available quantity.

Pharmaceutical Agents Approved By The Joint Pharmaceutical Formulary and Credentialing Committee As Of **November 2006**.

Anti-Infectives	Topical Use	Oral Use
Amoxicillin	Yes	Yes
Amoxicillin/Potassium Clavulanate	Yes	Yes
Amikacin	Yes	No
Ampicillin	Yes	Yes
Azithromycin	Yes	Yes
Bacitracin	Yes	Yes
Cefaclor	Yes	Yes
Cefuroxime	Yes	Yes
Cephalexin	Yes	Yes
Cefazolin	Yes	No
Ciprofloxacin	Yes	Yes
Clarithromycin	Yes	Yes
Clindamycin	Yes	No

Anti-Infectives (Continued)	Topical Use	Oral Use
Cloxacillin	Yes	Yes
Dicloxacillin	Yes	Yes
Doxycycline	Yes	Yes
Erythromycin	Yes	Yes
Gatifloxacin Solution .3%	Yes	No
Gentamycin	Yes	Yes
Gramacidin	Yes	Yes
Levofloxacin	Yes	Yes
Minocycline	Yes	Yes
Moxifloxacin HCl Solution .5%	Yes	No
Norfloxacin	Yes	No
Nafcillin	Yes	Yes
Neomycin	Yes	Yes
Ofloxacin	Yes	Yes
Oxacillin	Yes	Yes
Oxytetracycline	Yes	Yes
Penicillin V	Yes	Yes
Piperacillin	Yes	No
Polymyxin B	Yes	Yes
Sodium Sulfacetamide	Yes	Yes
Sulfamethoxazole	Yes	Yes
Sufisoxazole	Yes	Yes
Tetracycline	Yes	Yes
Ticarcillin	Yes	No
Trimethoprim	Yes	No
Tobramycin	Yes	Yes

Antiviral Agents	Topical Use	Oral Use
Famvir (Famciclovir)	No	Yes
Valtrex (Valacyclovir HCl)	No	Yes
Zovirax (Acyclovir)	No	Yes

Immunologic Agents	Topical Use	Oral Use
Cyclosporine Ophthalmic Emulsion .05%	Yes	No

Analgesics	Topical Use	Oral Use
Acetaminophen with Codeine -Not to exceed 30mg Codeine/300mg Acetaminophen	No	Yes
Propoxyphene Hydrochloride	No	Yes
Propoxyphene Hydrochloride with Acetaminophen Combination	No	Yes

Non Steroidal Anti-Inflammatory Agents	Topical Use	Oral Use
Bromfenac	Yes	N/A
Diclofenac Sodium	Yes	Yes
Etodolac	Yes	Yes
Fenoprofen	Yes	Yes
Flurbiprofen Sodium	Yes	N/A
Ibuprofen	Yes	Yes
Ketoprofen	Yes	Yes
Ketorolac	Yes	Yes
Meclofenamate	Yes	Yes
Mefenamic Acid	Yes	Yes
Naproxen	Yes	Yes
Naproxen Sodium	Yes	Yes
Nepafenac	Yes	N/A

Corticosteroids (alone or in combination)	Topical Use	Oral Use
Dexamethasone 0.1%	Yes	No
Dexamethasone Sodium Phosphate 0.05%, 0.1%	Yes	No
Fluorometholone 0.1%, 0.25%	Yes	No
Fluorometholone Acetate 0.1%	Yes	No
Loteprednol Etabonate 0.2%, 0.5%	Yes	No
Medrysone 1%	Yes	No
Prednisolone Acetate 0.12%, 0.125%, 1%	Yes	No
Prednisolone Sodium Phosphate 0.125%, 1%	Yes	No
Rimexolone 1%	Yes	No

Miotics (alone or in combination)	Topical Use	Oral Use
Demecarium Bromide	Yes	No
Echothiophate Iodide	Yes	No
Isoflurophate	Yes	No

(These agents for use in accommodative esotropia only, the diagnosis to be indicated on any prescription written.)

Agents Approved By Statute

Agents	Topical	Oral	Injection
All topical pharmaceutical agents that are within the scope of optometric practice (RSA 327:1 , IV) including, but not limited to , the following:	Yes		
All mydriatic & cycloplegic agents which are topically applied	Yes	No	No
Anti-allergy medications, including but not limited to: antihistamines, decongestants & mast-cell stabilizers which are topically applied	Yes	No	No
All anesthetics, dyes, ocular lubricants & hypertonic agents which are topically applied	Yes	No	No
All non-legend, over-the-counter agents	Yes	Yes	No
All oral analgesics which are used for the treatment of eye diseases & which are not Controlled Substances	No	Yes	No
Diphenhydramine (Benadryl), epinephrine or equivalent medications to counter anaphylaxis or anaphylactic reactions	No	No	Yes
All topical agents used for diagnostic purposes	Yes	No	No
Board-approved, FDA-designated medical devices. Currently the Board has approved contact lenses as well as temporary & removable punctal plugs	N/A	N/A	N/A
Anti-glaucoma agents which are topically applied if the TPA certified optometrist has met the requirements of RSA 327:6-c (in which case the optometrist shall indicate on the prescription: "Glaucoma Prescriptive Authority Granted")	Yes	No	No
Topical and oral anti-glaucoma agents for the emergency treatment of acute angle closure glaucoma, with immediate referral to an ophthalmologist	Yes	Yes	No
Topically applied anti-viral agents (the TPA certified optometrist shall consult with an ophthalmologist prior to dispensing or prescribing)	Yes	No	No